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Discollarities of information unless it discolutes a collection of information unless it discolutes. PATIENT TRADEMARK OFFICE Under the Paperwork Reduction Act of 1995, no person are required to respond to a collection of information unless it displays a valid CMB control number Complete if Known Effective on 12/08/2004. Consolidated Appropriations Act, 2005 (H.R. 4818). 10/560,019 Application Number December 8, 2005 FEE TRANSMITTAL Filing Date Osamu Kawaguchi First Named Inventor For FY 2005 Not Yet Assigned Examiner Name N/A Applicant claims small entity status. See 37 CFR 1.27 08228/088001 Attorney Docket No. TOTAL AMOUNT OF PAYMENT (\$) 130.00 METHOD OF PAYMENT (check all that apply) Other (please identify): Money Order x Credit Card None Check Osha · Liang LLP X Deposit Account Deposit Account Number: 50-0591 Deposit Acc For the above-identified deposit account, the Director is hereby authorized to: (check all that apply) Charge fee(s) indicated below, except for the filing fee Charge fee(s) indicated below Charge any additional fee(s) or underpayment of x Credit any overpayments fee(s) under 37 CFR 1.16 and 1.17 FEE CALCULATION 1. BASIC FILING, SEARCH, AND EXAMINATION FEES **SEARCH FEES EXAMINATION FEES FILING FEES Small Entity** Small Entity Small Entity Fees Paid (\$) Fee (\$) Fee (\$) Fee (\$) Fee (\$) Application Type Fee (\$) 100 200 300 150 500 250 Utility 65 50 130 200 100 100 Design 80 150 160 300 Plant 200 100 250 600 300 500 300 150 Reissue 0 200 100 **Provisional** Small Entity 2. EXCESS CLAIM FEES Fee (\$) Fee (\$) Fee Description 25 50 Each claim over 20 (including Reissues) 100 200 Each independent claim over 3 (including Reissues) 180 Multiple dependent claims **Multiple Dependent Claims** Fee Paid (\$) Extra Claims Fee (\$) Total Claims Fee Paid (\$) Fee (\$) · 20 = HP = highest number of total claims paid for, if greater than 20. Fee Paid (\$) Fee (\$) Extra Claims × 7 -7= HP = highest number of independent claims paid for, if greater than 3. 3. APPLICATION SIZE FEE If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer in the specification of the sequence of computer in the sequence of the sequ Adjustment date: 1 08/25/2006 GFREY1 01 FC:1617 Fee Paid (\$) Number of each additional 50 or fraction thereof Extra Sheets Total Sheets ___ (round up to a whole number) x - 100 = _ /50 Fees Paid (\$) 4. OTHER FEE(S) Non-English Specification, \$130 fee (no small entity discount)

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